

ADCC Name: Hawaii Island Adult Day Care Inc

Community Ties of America, Inc
45-955 Kamehameha Highway, Suite 300
Kaneohe, HI 96744

Compliance Manager Name: Carol Copeland

Address: 561 Kupuna Place

**Adult Day Care Center (ADCC)
Deficiency Report**

Date of Inspection: 11/20/19		Date Corrective Action Plan is Due: N/A	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliant findings
OK	3	Application for Certificate of Approval	
OK	11	Administration	
OK	12	Personnel and Staffing	
OK	13	Admissions	
OK	14	Participant Fees	
OK	15	Transportation	
OK	16	Services for Center Participants	
OK	17	Physical Location	
OK	18	Fire Protection	
OK	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

☒ If this box is checked then I understand that I met all requirements and no corrective action is required

PRINT NAME: _____

CTA could not find this paperwork after Carol Copeland passed away. It was recreated by Angel England, RN

SIGNATURE: _____

Date: _____

Angel England

Compliance Manger Signature

Carol Copeland passed away before she signed this paperwork - if she did sign it was unable to be located